RECEIVED
2014 FEB 24 AM 7: 57
FEC MAIL CENTER

Committee Name:

VOTEBLUE

If registered, FEC ID:

Today's Date:

FEBRUARY 17, 2014

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

JOSEPH D RICE JR.

, Treasurer

14031190492

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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				Office Use Only	_/: ;
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Office Use Only MAIL CEA	¥TE;
VOTEBLUE					لـــــ
1	1111111	<u> </u>		<u> </u>	
ADDRESS (number and street)	PO BOX 3140)		1-	لــا
(Check if address is changed)	PARKERSBU	IRG	<u> </u> WV _j 2	26101	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)		-mail address)	nail.com		<u></u>
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address is changed)					⊥ ⊥
2. DATE Ö2 [™] ′ 17	" ′ 2014 ′			·	
3. FEC IDENTIFICATION NU	JMBER C				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	nis Statement and to the bes	t of my knowledge and belief i	t is true, correct a	nd complete.	
Type or Print Name of Treasure	, JOSEPH D F	RICE JR.	· · · · · · · · · · · · · · · · · · ·		
Signature of Treasurer	Joseph & Ki	20 /	Date Ö2 [™]	′ 17° ′ 20′14	
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED W		ne penalties of 2 U.S.C. §45	37g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FE	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE	
Candi	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candida		
Candida Party A	ate Office House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Par
Politic	eal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least tupe of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Particinating in Joint Fundraiser	
	1. FEC ID number C	ч
	2. FEC ID number C	
	3. FEC ID number C	
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Write or Type Committee		
VOTEBLUE		
	cted Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
ΙΝΟΝΕΙΙΙΙ		
<u> </u>	<u> </u>	
14-15-c A 3-1-	 	
Mailing Address		
	<u> </u>	
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	a: Identify by name, address (phone number optional) and position of the personal assurer	
Mailing Address		
	1 1 1 1 1 1	1 1
Title or Position	CITY STATE	ZIP CODE
L	Telephone number	J-L
	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	d the name and address of
Full Name of Treasurer	SEPH D RICE JR	
Mailing Address	P. O. BOX,3140	
	PARKERSBURG	26101 - -
Title or Position	CITY STATE	ZIP CODE
TREASURER/O	WNER Telephone number]-[

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telepho	ne number	
 Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository, 		committee deposits fu	unds, holds accounts, rents
PAYP	<u> </u>		
Mailing Address	2211 North First Street		
	San Jose	CA	95131, -[
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
لــــــا			
Mailing Address			
		ليا لي	<u> </u>
	CITY	STATE	ZIP CODE

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FEDERAL ELECTION COMMISSION WASHINGTON, D. C. 20463 999 E STREET, N. W.

SOA BU

P.O., Box 3140
Parkersburg, WV 26101

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 2/18/14
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
8	2/24/14
PREPARER (8/2013)	DATE PREPARED
· - /	,